SURETY BOND AS REQUIRED BY R4-19-802(A)(2)

We,			, of
	AME OF PR	INCIPAL)	,
			, as principal, and
			, a corporation
(NA	ME OF SU		, a corporation
organized under the laws of the State ofunder the laws of the State of Arizona, as sure its assigns in the sum ofsum we hereby jointly and severally obligate conditions hereafter described. This bond shafor the aggregate of any and all claims which penalty hereof.	ety, are joint e and bind o	ly and severally bound to (\$	the State of Arizona and for the payment of which ors, all on the terms and the liability of the surety
WHEREAS, Principal shall submit a for a approval under Arizona Revised Statute			rd of Nursing ("Board")
WHEREAS, a bond in this form n requirements of R4-19-802,	nay accomp	any such application to d	emonstrate meeting the
NOW, THEREFORE, upon the gra Principal shall faithfully comply with all the and all such provisions as may be hereafter in injuring or damaging any person by reason or contract, and any failure by Principal to so con person shall impose upon the Principal and s by reason thereof.	provisions mposed upor f any unlawi mply with th	of law, Arizona and feder in Principal by law, and Pri- ful act, including, but not lot le law or to so refrain from	al, required of Principal ncipal shall refrain from imited to, any breach of injuring or damaging any
Principal shall not cancel this bond for closure, for which the approval to Principal is who suffers loss by reason of any unlawful contract by Principal. The Surety reserves the Principal and the Board.	issued and the act of Prince	nat this bond shall inure to be cipal, including, but not li	the benefit of any person mited to, any breach of
No suit may be commenced on to commission of the act on which the suit is be measured as provided in A.R.S. 12-543.			
IN WITNESS WHEREOF, the parti	es have exec	cuted this bond at	
	, this	day of	, 20
EFFECTIVE DATE:		·	
		By:Principa	
		Principa	.1
		Surety	
		·	
Countersignature of Resident Agent		By:Attorney i	n Fact

ADDITIONAL INFORMATION REQUIRED

FOR SURETY COMPANY

The Surety Company must have a BEST rating of A- or higher pursuant to R4-19-802

Contact Name:	
Address:	
City, State, Zip:	
Phone #:	
Fax #:	
E-mail Address:	
Web Site Address:	
BEST Rating:	
(Attach copy of print out of rating)	